



**Charles University in Prague
Third Faculty of Medicine
Ruská 87, 100 00 Praha 10
tel.: 267 102 111**

Name: **Date of birth:**.....

Email address: **Year of study:**

Address: **Mobile phone No.:**

Application for interruption of study

I am asking for interruption of my studies from until

Reason: HEALTH*
 FAMILY*
 PERSONAL*
 OTHERS

Please specify your reason:

My father had a very serious car accident and I want to come home and take care of him. Therefore I'm not able to attend the school for the rest of this academic year. Please find attached confirmation from his physician. I'm aware that I have to pay for the whole academic year.

Relevant attachment supporting my reasons for interruption of study:

- ***Confirmation from my father's physician that he had a serious surgery.***

In Prague on Signature:.....

Decision of the Dean (Vice-Dean) of the Faculty:

* mark the correct option, eventually fill in another reason